



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID
Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

January 22, 2008

Stacy Schoonover, Administrator
Aarenbrooke Place - Cory Lane, Ashley Manor LLC
9327 Cory Lane
Boise, ID 83704

License #: RC-718

Dear Ms. Schoonover:

On November 28, 2007, a complaint investigation, state licensure survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted plan of correction and evidence of resolution.

Should you have questions, please contact Karen McDannel, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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Post Office Box 83720
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PHONE: (208) 334-5747
FAX: (208) 364-1811

December 5, 2007

Stacy Schoonover, Administrator
Aarenbrooke Place - Cory Lane
9327 Cory Lane
Boise, ID 83704

Dear Ms. Schoonover:

On November 28, 2007, a Complaint Investigation, State Licensure survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC. The facility was found to be providing a safe environment and safe, effective care to residents.

The enclosed form, stating no core issue deficiencies were cited during the survey, is for your records only and need not be returned.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying evidence of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by December 28, 2007.

Should you have any questions about our visit, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'J. Simpson'.

JAMIE SIMPSON, MBA, QMRP
Supervisor
Residential Community Care Program

JS/sc

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 13R718		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/28/2007	
NAME OF PROVIDER OR SUPPLIER AARENBROOKE PLACE - CORY LANE, ASHLE				STREET ADDRESS, CITY, STATE, ZIP CODE 9327 CORY LANE BOISE, ID 83704			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R 000	<p>Initial Comments</p> <p>The residential care/assisted living facility was found to be in substantial compliance with the Rules for Residential Care or Assisted Living Facilities in Idaho. No core issue deficiencies were cited during the standard survey conducted at your facility on 11/28/07. The surveyors conducting the standard survey were:</p> <p>Karen McDannel, R.N. Team Coordinator Health Facility Surveyor</p> <p>Rachel Corey, R.N. Health Facility Surveyor</p> <p>Diane Schafer, R.D. CDE Health Facility Surveyor</p>			R 000			

Bureau of Facility Standards

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



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December 5, 2007

Stacy Schoonover, Administrator
Aarenbrooke Place - Cory Lane
9327 Cory Lane
Boise, ID 83704

Dear Ms. Schoonover:

On November 28, 2007, a complaint investigation survey was conducted at Aarenbrooke Place-Cory Lane, Ashley Manor LLC. The survey was conducted by Diane Schafer, RD, Rachel Corey, RN and Karen McDannel, RN. This report outlines the findings of our investigation.

Complaint # ID00003110

Allegation #1: Residents did not receive medications as prescribed by their physician on June 11, 2007.

Findings: Based on interview and record review it could not be determined that residents did not receive their prescribed medications on June 11, 2007.

During the tour and survey process on November 26, 2007 through November 27, 2007, multiple residents were interviewed as to whether staff had not assisted them with their medications causing them to miss prescribed medications. All residents confirmed that they had never missed medications but acknowledged that medications were not always on time. Please refer to allegation #2.

On November 26, 2007 through November 27, 2007, ten resident records were reviewed. The MARS documented that no medications had been missed.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

Allegation #2: Residents were not assisted with medications in a timely manner according to the Board of Nursing rules.

Findings: Based on observation and interview it was determined residents were not consistently assisted with medications in a timely manner as specified by the Board of Nursing rules.

On November 26, 2007 through November 28, 2007, six of ten sampled residents stated medications had been late. It was reported scheduled medications were 1-3 hours late.

Additionally, they stated the wait for as-needed medications was consistently greater than 15 minutes.

On November 28, 2007 at 11:00 a.m., it was observed the medication pass for 8:00 a.m., was still taking place.

Conclusion: Substantiated. The facility was issued a deficiency at IDAPA 16.03.22.310.10 for not passing medications in a timely manner. The facility was required to submit evidence of resolution within 30 days.

Allegation 3: Staff and emergency medical services did not have access to Resident records at all times.

Findings: Based on observation and interview it could not be determined that staff and emergency medical services did not have access to residents' records at all times.

On November 26, 2007 through November 28, 2007, staff members and axillary staff were observed going in and out of the office that contained resident records. Additionally, it was observed the office was never locked.

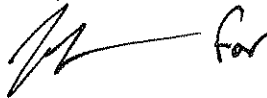
On November 26, 2007 at 10:00 a.m., the administrator stated the door to the office where the resident records are located is kept unlocked.

On November 26, 2007 through November 28, 2007, five staff members stated resident records had been accessible at all times, and confirmed the office door is kept unlocked.

Conclusion: Unsubstantiated. Although the allegation may have occurred, it could not be validated during the complaint investigation.

If you have questions or concerns regarding our visit, please call us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us while we conducted our investigation.

Sincerely,



KAREN MCDANNEL, RN
Team Leader
Health Facility Surveyor
Residential Community Care Program

KM/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program
Karen McDannel, RN, Health Facility Surveyor



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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name <i>Amenbrooke Place</i>	Physical Address <i>9327 Cory Lane</i>	Phone Number <i>376-1300</i>
Administrator <i>Stacy Schoonover</i>	City <i>Boise</i>	ZIP Code <i>83704</i>
Survey Team Leader <i>Karen McDonald</i>	Survey Type <i>Standard Survey with CI</i>	Survey Date <i>11-28-07</i>

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
①	250.09	The facility did not take precautions to prevent offensive odors.		
②	250.15	Resident #4 did not have a call light.		
③	260.06	The facility did not maintain a clean, safe, orderly environment. (i.e.) Dirty toilet bowls, stained carpet, full trash in residents rooms & cluttered rooms.		
④	300.01	RN assessments were not conducted for residents (1-4, 8 & 9).		
⑤	300.02	RN did not conduct an assessment after Resident #4 had an increase in pain after experiencing a fall. Resident #2 change in health status had not been was not assessed by the facility RN.		

Response Required Date <i>12-28-07</i>	Signature of Facility Representative <i>Stacy Schoonover</i>	Date Signed <i>11-28-07</i>
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ASSISTED LIVING
Non-Core Issues
Punch List

Facility Name Aarenbrooke Place Cony Lane	Physical Address 9337 Cony Lane	Phone Number 376-1300
Administrator Stacy Schoonover	City Boise	ZIP Code 83704
Survey Team Leader Karen Medane	Survey Type Standard / Complaint	Survey Date 11/28/07

NON-CORE ISSUES

ITEM #	RULE # 16.03.22	DESCRIPTION	DATE RESOLVED	BFS USE
6	305.02	Resident #1's Mar & bubble pack (counadin) were not congruent. Resident #5's bubble pack was not congruent with current order and MAR (Phenyton).		
7	310.10	Medications not given in a timely manner ie Resident #4. A resident who was physically able to assist with medications was administered medications by unlicensed staff during med pass.		
8	335.03	Staff were observed not changing gloves between cares and not sanitizing hands between residents during med pass. Also staff were observed wearing soiled gloves in hallways.		
9	350.01	An incident report was not filled out after a resident fell two days prior ie resident #4. 10		
10	350.07	A reportable incident was not reported to BFS within 24 hours. (ie resident #4's fall)		
11	450.01	Refer to Idaho food code inspection report		

Response Required Date 12/28/07	Signature of Facility Representative <i>Stacy Schoonover</i>	Date Signed 11-28-07
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